

Village of Amberley Village

Fully Insured Analysis Summary

	Current CLGBP/OME-RESA/UHC						Anthem Option 2 (SOCA)	
August 1, 2011 Effective Date	Platinum B POS HRA Choice Plus		Platinum B POS HSA Choice Plus		Platinum A POS HSA Choice Plus		Lumenos HSA Option 6 w/ RX Z	
Plan Type	HRA		HSA		HSA		HSA	
In Network	Effective Date 6/1/12							
Deductible Type	NonEmbedded		NonEmbedded		NonEmbedded		NonEmbedded	
Deductible S/F	\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000		\$5,000/\$10,000	
Calendar or Policy Year	Policy		Policy		Policy		Policy	
Coinsurance	80/20%		80/20%		100/0%		100/0%	
Out-of-Pocket (ded. incl.) S/F	\$4,000/\$8,000		\$4,000/\$8,000		\$2,000/\$4,000		\$6,050/\$12,100	
Inpatient Hospital	Ded, 80/20%		Ded, 80/20%		Ded, 100/0%		Ded, 100/0%	
Outpatient Surgery	Ded, 80/20%		Ded, 80/20%		Ded, 100/0%		Ded, 100/0%	
Primary Care/ Specialist Office Visit	Ded, 80/20%		Ded, 80/20%		Ded, 100/0%		Ded, 100/0%	
Preventive Services	Covered in full		Covered in full		Covered in full		Covered in full	
Emergency Room	Ded, 80/20%		Ded, 80/20%		Ded, 100/0%		Ded, 100/0%	
Urgent Care	Ded, 80/20%		Ded, 80/20%		Ded, 100/0%		Ded, 100/0%	
Prescription Drugs	Ded, \$10/\$30/\$60		Ded, \$10/\$30/\$60		Ded, 100/0%		Ded, \$10/\$30/\$50/25%; \$150 max	
Routine Vision Exam	Ded, 80/20%		Ded, 80/20%		Ded, 100/0%		Covered in full	
Medical Rates	Platinum B POS HRA Choice Plus		Platinum B POS HSA Choice Plus		Platinum A POS HSA Choice Plus		Lumenos HSA Option 6 w/ RX Z	
Employee	0	\$387.48	3	\$372.26	2	\$434.68	5	\$465.58
Employee & Spouse	0	\$806.68	3	\$775.01	1	\$904.97	4	\$1,023.34
Employee & Child(ren)	0	\$724.53	6	\$693.83	0	\$810.17	6	\$785.90
Family	0	\$1,176.45	13	\$1,130.29	2	\$1,319.81	15	\$1,437.24
Monthly Premium Total	30					\$26,713		\$32,695
Annual Premium Total						\$320,550		\$392,343
\$ Change From Current						N/A		\$71,793
% Change From Current						N/A		22.40%
Employer Funding:	\$1,300 / \$2,600		\$1,300 / \$2,600		\$1,300 / \$2,600		\$1,300 / \$2,600	
Assumption Based On:	100 % of funding		100% of funding		100% of funding		100% of funding	
Annual Estimated CDHP Funding	\$0		\$61,100		\$10,400		\$71,500	
Total Annual Plan Cost					\$392,050		\$463,843	
\$ Change From Current					N/A		\$71,793	
% Change From Current					N/A		18.31%	

